

Problem

- Our OB quality team participated in the Illinois Quality Collaborative related to maternal and newborn opiate initiative. Our baseline data revealed zero validated screening tool on admission or prenatally, one patient on a medicated assisted therapy program at delivery, zero SBIRT initiated. Our goal was to improve the quality of care provided to mothers and newborns affected by opioids by improving identification of pregnant women with opioid use disorder using a validated screening tool, improve linkage to addiction care for moms with OUD, optimize clinical care of pregnant women with OUD through patient and provider education, improve outcomes for opioid exposed newborns through eat, sleep, and console protocol., optimize prevention of OUD through provider and patient education and bias training.

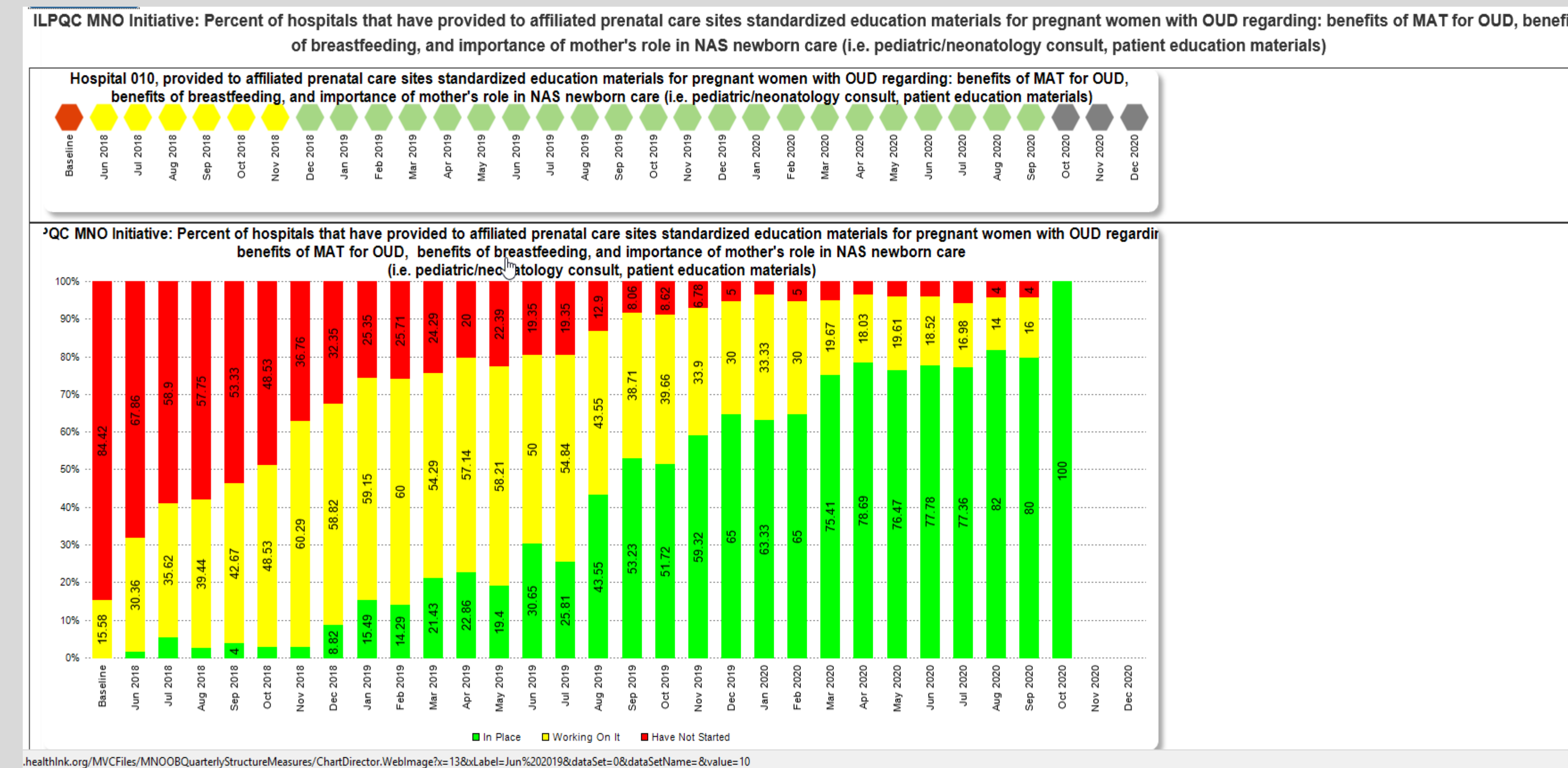
Project Implementation

1. Screen every pregnant patient for OUD with a validated screening tool
2. Assess readiness for and starting Medication Assisted Treatment (MAT) and linking to recovery treatment programs
3. Complete an OUD clinical care checklist, which includes providing Naloxone (Narcan) counseling and prescription
4. Reduce stigma and bias across the clinical team
5. Empower mothers through education to use non-pharmacologic care for their newborns exposed to opioids.

Results

- 100% compliance screening every pregnant patient for OUD with the NIDA validated screening tool
- Implemented SBIRT protocol by January 2019
- Implemented OUD Clinical Care Checklist by January
- Participated in VON Bias Study December 2018
- Mothers educated on their part in the eat, sleep, and console protocol for the newborns exposed to opioids

Table 1. Insert 1-2 data tables displaying your hospital's QI progress **Figure 1. Insert 1-2 data figures displaying your hospital's QI progress or Insert Hospital QI tool used to drive change**



Conclusions

- Reliable implementation of screening, treatment algorithms, checklists, and local resource mapping as well as clinical culture change through OB clinical staff education and regular data review has made it possible to reduce risk and improve outcomes for our pregnant and post-partum women with OUD. Our biggest challenge was the low amount of women with OUD being cared for here at Loyola. With the implementation of MNO discussions at our multidisciplinary huddles we are now able to discuss the MNO plan of care for both the mother and baby with all appropriate caregivers present.

Acknowledgements/Hospital Team

- We would like to thank all the OB clinical staff that participated in all the MNO education and bias training conducted on L&D and Mother/Baby.